

## FINANCIAL ELIGIBILITY (Calendar Year 2008)

## Instructions

Please read and complete all questions on this form. This information will be used to determine your eligibility for services funded by the Divisions of Mental Health and/or Alcohol and Drug Abuse.

**Community Mental Health and/or Alcohol and Drug Providers Use Only**

<input type="checkbox"/> <b>Eligible</b> – Annual Review Date:	
<input type="checkbox"/> <b>Ineligible</b>	CMHC or Alcohol & Drug Provider:
CID #:	Signature:

## Personal Information

(Please Print)

Consumer Name: \_\_\_\_\_  
                                    *(First)*                                     *(MI)*                                     *(Last)*

Parent/Guardian or Representative (if applicable): \_\_\_\_\_

### Description of Household

Total Number of Persons Living in Household (dependent on household income): \_\_\_\_\_

## Financial Information

Total Household Annual Gross Income: Include all sources of income (wages, TANF, child support) for the household members included above, except for any income from a child under the age of 18.

1) \$\_\_\_\_\_

Household Size	Annual Income
1	\$19,240
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860
9	\$72,520
10	\$79,180

Minus Annual Deductions/Expenses:

2) \$\_\_\_\_\_ Earned Income Deduction (Deduct 20% of Earned Income. Do not deduct 20% from unearned income such as TANF, Child Support, etc.)

3) \$\_\_\_\_\_ Childcare Expenses (up to \$6,000/year)

4) \$ \_\_\_\_\_ Child Support Payments

Annual Out of Pocket Disability Related Expenses (*describe*)

If CD consumer, skip questions 5 & 7

5) \$ Prescription Medications/Labs

6) \$\_\_\_\_\_ Health Insurance Premiums \_\_\_\_\_

7) \$\_\_\_\_\_ Assistive Devices (e.g., medication reminder) \_\_\_\_\_

Equals Annual Net Income:

8) \$\_\_\_\_\_ (deduct lines 2 through 7 from line 1)

☐ Yes ☐ No I (SED and/or A/D Consumer) have applied for and been denied Medicaid and CHIP-NM.

☐ Yes ☐ No I (SPMI Consumer) have applied for and been denied SSI.

I hereby attest that this information is true and correct. I understand that any false statements that I make and any failure on my part to report changes in circumstance which affect my eligibility could result in my being responsible for reimbursement of services provided and/or ineligibility for services. I understand that if I am determined eligible and my situation should change before my annual review date, it is my responsibility to notify the Community Mental Health and/or Alcohol and Drug Provider so that eligibility can be reevaluated. Eligibility could be affected by increases in income, changes in the number of persons in my household, and/or any other significant change in financial circumstance.

Signature (Consumer or Parent/Guardian)

Date \_\_\_\_\_

### **Eligible Consumers**

- Individuals found eligible for services funded by the Division of Mental Health and/or the Division of Alcohol and Drug Abuse are required to immediately report any significant changes in income, household composition, and/or other circumstance that affect eligibility status.
- Eligible consumers/families are required to complete an annual review of eligibility. Mental Health/Alcohol and Drug Providers will inform consumers of the date of the review.

### **Ineligible Consumers**

- All individuals initially found ineligible for services funded by the Division of Mental Health and/or the Division of Alcohol and Drug Abuse will have the option of completing the Hardship Considerations process. This form must be completed and turned in (with necessary verifications) to the Community Mental Health and/or Alcohol and Drug Provider or the Division of Mental Health and/or the Division of Alcohol and Drug Abuse within 30 days of the initial ineligibility determination. Failure to do so will result in the consumer/parent or guardian waiving his/her right to apply for hardship considerations.
- Consumers or parents/guardians who do not wish to proceed with the Hardship Considerations process must sign a Refusal of Hardship Considerations Process form, which will be provided by the Community Mental Health and/or Alcohol and Drug Provider. This refusal waives the right for all appeals.
- A consumer or parent/guardian who is interested in the Hardship Considerations process should contact the Community Mental Health and/or Alcohol and Drug Provider for a Hardship Considerations form and assistance in completing the process (if desired). Once completed this form should be returned to the Community Mental Health and/or Chemical Dependency Provider or mailed to the Division of Mental Health and/or the Division of Alcohol and Drug Abuse.
- Within 30 days of receiving the Hardship Considerations form, the Division of Mental Health and/or the Division of Alcohol and Drug Abuse shall provide a determination regarding eligibility.
- A consumer or parent/guardian who is dissatisfied with the Division of Mental Health and/or the Division of Alcohol and Drug Abuse's decision regarding eligibility may request an Administrative Review (see process outlined below).

### **Administrative Review/Fair Hearing Process**

- All individuals found ineligible for services funded by the Division of Mental Health and/or the Division of Alcohol and Drug Abuse after the Hardship Considerations process will be informed of their right to an Administrative Review and, if still dissatisfied a Fair Hearing, including the manner to initiate a review.
- A consumer or parent/guardian may appeal the decision regarding ineligibility by submitting this request in writing to the director of the Division of Mental Health and/or the Division of Alcohol and Drug Abuse within 30 days of receipt of the notice regarding ineligibility.
- Consumers initiating services after 07/01/04 may have the first four visits paid for by the Division of Mental Health and/or the first four crisis intervention services paid for by the Division of Alcohol and Drug Abuse, while their eligibility is being determined, however if eligibility has not been determined after the first four visits then the consumer or parent/guardian is responsible for payment of services.
- The Director of the Division of Mental Health and/or the Division of Alcohol and Drug Abuse shall provide a determination within 30 days of receipt of the request for review.
- A consumer or parent/guardian who is dissatisfied with either Division Director's determination regarding eligibility may request a Fair Hearing by notifying the Department of Human Services (DHS) in writing within 30 days of receipt of the Director's decision.
- An impartial hearing officer will be sought to handle all arrangements and correspondence with the consumer and the DHS, including the date and location for the hearing. The hearing officer will send notice of hearing to both parties.
- The consumer may be represented at his/her own expense by counsel or other appropriate advocate(s) and will be afforded the opportunity to examine all witnesses and other sources of information or evidence.
- The consumer or his/her representative may present additional evidence, information, and witnesses to the impartial hearing officer.
- Within 45 days of the hearing, the impartial hearing officer will provide a full written report of findings to the consumer (or designee if appropriate) and the DHS.
- The hearing officer's decision will be final.

<b>Department of Human Services</b> Division of Mental Health Hillsview Properties Plaza, East Highway 34 c/o 500 East Capitol Pierre, SD 57501 Phone: (605) 773-5991 or 1-800-265-9684	<b>Department of Human Services</b> Division of Alcohol and Drug Abuse Hillsview Properties Plaza, East Highway 34 c/o 500 East Capitol Pierre, SD 57501 Phone: (605) 773- 3123 or 1-800-265-9684
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